



**LOUISIANA DEPARTMENT OF
TRANSPORTATION AND DEVELOPMENT
SMALL BUSINESS ELEMENT (SBE) PROGRAM
APPLICATION FOR DBE CERTIFIED FIRMS**



Pursuant to 49 CFR Part 26 paragraph 26.39, the Louisiana Department of Transportation Small Business Element (SBE) Program is a race and gender neutral program designed to provide select contracting opportunities to small businesses on federally funded projects. To qualify as a Small Business Element, the firm's gross revenues (as defined by 13 CFR 121.104) shall not exceed \$22.41 million.

REQUIRED DOCUMENTATION

Please provide your firm's the gross receipt amounts of the firm for the past three years.

Year _____ Total receipt \$ _____
Year _____ Total receipt \$ _____
Year _____ Total receipt \$ _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Firm Name: _____ Federal Employee ID #: _____
LADOT Contractor ID #: _____

Owner Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parish/County: _____

Telephone: (_____) _____ - _____ Ext: _____ Fax: (_____) _____ - _____

E-Mail Address: _____

Number of employees: Full-time _____ Part-time _____ Total _____

PLEASE SEND APPLICATION TO:

Louisiana Department of Transportation, Compliance Section, Small Business Element (DBE/SBE) Program
Mrs. Juanita Linton, SBE Program Manager
1201 Capitol Access Road, Room 305 I
P.O. Box 94245
Baton Rouge, LA 70804-9245
Office: (225) 379-1382
Fax: (225) 379-1865

AFFIDAVIT CERTIFICATION (COMPLETE IN INK)

The undersigned does hereby swear that he/she is a duly authorized representative of _____ (company name), holding the position of _____ and that the foregoing statements and attachments are true, accurate and complete and include all the information necessary to complete this application. Further, I understand that any misrepresentation will be grounds for denial, decertification and/or termination of any contract, which may have been awarded, possible action under appropriate Federal or State laws.

If, after filing this application, there are any changes in the ownership of this business or in any information submitted, I will notify the Louisiana Department of Transportation Personnel/Compliance Section, Disadvantaged Business Enterprise/Small Business Element Section within 30 calendar days; and I understand that failure to do so may result in the loss of my certification as an SBE.

Signature of Applicant

Printed Name of Applicant

Title

Date

NOTARY PUBLIC

Parish (County) of: _____ State of _____

Address: _____

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20_____.

NOTARY PUBLIC

SEAL